

**DEADLINE:**

Please return application  
& supplemental  
questionnaire in person  
or by U.S. Mail with a  
postmark on or before the  
above date.

**4:30 PM****FRIDAY****NOVEMBER 12, 2004****City-County Employment Office**

Your Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_ Date \_\_\_\_\_

**LANDFILL OPERATOR I****PUBLIC WORKS/UTILITIES - WASTEWATER****Req. #04-0073-CI-1****SUPPLEMENTAL QUESTIONNAIRE**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**Please allow 2 weeks from the closing date of this position before expecting to receive notice (one way or another) with regards to an interview.**

**PLEASE READ BEFORE COMPLETING:**

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. NOTE: Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information you, the applicant, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

**CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.**

1-1. I understand this is a part time position working 30 hours per week. The hours of work anticipated will be either Monday - Tuesday - Thursday - Friday from 6:30am to 2:00pm on Monday and Friday and from 6:30am to 3:00pm on Tuesday and Thursday OR Monday thru Friday from 8:30 am to 3:00pm. The work schedule may be adjusted occasionally depending on work priorities.

- ☐ Yes
- ☐ No

2-1. Do you have experience in the operation and maintenance of trucks and automotive types of equipment?

- ☐ Yes
- ☐ No

2-2.

If yes, please list employer(s) and how long you performed these duties.

EXPLAIN:

2-3.

If yes, please describe your experience.

EXPLAIN:

3-1. Indicate if you have experience with any of the following? (You must list employer(s) to receive credit for the work).

3-2. Performing maintenance on equipment?

- ☐ Yes  
☐ No

If yes, please list employer(s).

EXPLAIN:

---

---

---

---

---

3-3. Performing daily operator inspections on equipment?

- ☐ Yes  
☐ No

If yes, please list employer(s).

EXPLAIN:

---

---

---

---

---

3-4. Repairing Tires?

- ☐ Yes  
☐ No

If yes, please list employer(s).

EXPLAIN:

---

---

---

---

---

3-5. Maintaining Records?

- ☐ Yes  
☐ No

If yes, please list employer(s).

EXPLAIN:

---

---

---

---

---

3-6. Maintaining Parts/Supplies Inventory?

- ☐ Yes  
☐ No

If yes, please list employer(s).

EXPLAIN:

---

---

---

---

---

3-7. Building & Grounds Maintenance?

- ☐ Yes  
☐ No

If yes, please list employer(s).

EXPLAIN:

---

---

---

---

---

---

4-1. Indicate if you have operated and/or maintained the following equipment: (You must list employer(s) to receive credit for the work).

4-2. Motor Grader?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-3. Scraper?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-4. Dozer?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-5. Front-end loaders?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-6. Dump Truck?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-7. Landfill compactor?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-8. Semi-tractor-trailer?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-9. Compost turning equipment?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

4-10. Backhoe?

- ☐ Operated  
☐ Maintained

Please list employer(s).

EXPLAIN:

---

---

---

---

---

---

5-1. Do you have experience making minor repairs on equipment?

- ☐ Yes  
☐ No

If yes, list equipment and types of repairs (lubrication, troubleshooting, remove and replace components, etc.).

EXPLAIN:

---

---

---

---

---

---

6-1. Do you have experience working in the solid waste field? (Refuse hauling, transfer stations, composting, landfill, litter pick up, etc.)

- ☐ Yes  
☐ No

6-2.

If yes, please list your employers.

EXPLAIN:

---

---

---

---

---

6-3.

If yes, please describe your experience:

EXPLAIN:

---

---

---

---

---

---

7-1. I understand, as a condition of my employment for the position I am applying for with the City of Lincoln/Lancaster County, that I must at all times be legally licensed to operate a commercial motor vehicle.



7-2. Do you have a valid commercial driver's license (C. D. L.)?

- ☐ Yes  
☐ No

7-3. I understand that I will be required to obtain a valid Nebraska Commercial Driver's License with endorsements, if applicable, within 60 days of appointment or I will be terminated.

Further, I understand that if my driving privileges and/or license is at any time suspended, revoked, impounded, or in any other way removed by the State of Nebraska, that I must, as a condition of future employment with the City/County, report that fact IMMEDIATELY to my supervisor. Forms are available in each department.

Further, I understand that this document is an official City/County record, and that falsification of this document, or failure to report loss of driving privileges and/or license in the future is grounds for my being disciplined, if hired, or removed from the list of certified eligibles.

7-4.

If yes, please list the license number, state of issuance, date of issuance, expiration date, class endorsements, and your date of birth (for verification purposes).

EXPLAIN:

---

---

---

---

---

---

8-1. Have you previously failed or refused a drug or alcohol pre-employment test within the previous two years?

- ☐ Yes  
☐ No

In accordance with Federal Motor Carrier Safety Administration and Department of Transportation Regulations, each individual conditionally hired for a safety sensitive position is subject to mandatory drug and alcohol testing. I understand, if hired to a safety sensitive position, I am subject to Random, Post Accident, Reasonable/Suspicion, Return to Duty and Follow-Up drug and alcohol testing. Failure to comply with federal mandates and City/County Policy could result in discipline up to and including termination.

EXPLAIN:

---

---

---

---

---

---

9-1. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln Police Department requires the following information. I understand that ALL convictions for any law violation (such as: DUI, shoplifting, minor in possession, reckless driving, and so on) other than a minor traffic violation (i.e., parking ticket, speeding ticket) must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions will be considered to be falsification of your application and result in automatic rejection. [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

Please list your last name, first name, middle name, date of birth, sex, and any other names (i.e. maiden) you may be known as.

EXPLAIN:

---

---

---

---

---

---

10-1. Have you listed in the Employment Record Section ALL jobs described on this questionnaire? NOTE: FAILURE TO LIST ALL JOBS AND EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.

- ☐ Yes  
☐ No